

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								101 563035					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	51							
2	/	/	/	/	/	52							
3	/	/	/	/	/	53							
4	/	/	/	/	/	54							
5	/	/	/	/	/	55							
6	/	/	/	/	/	56							
7	/	/	/	/	/	57							
8	/	/	/	/	/	58							
9	/	/	/	/	/	59							
10	/	/	/	/	/	60							
11	/	/	/	/	/	61							
12	/	/	/	/	/	62							
13	/	/	/	/	/	63							
14	/	/	/	/	/	64							
15	/	/	/	/	/	65							
16	/	/	/	/	/	66							
17	/	/	/	/	/	67							
18	/					68							
19		/				69							
20		2				70							
21		2				71							
22		1				72							
23		1				73							
24		1				74							
25		1				75							
26		1				76							
27		1				77							
28		1				78							
29		1				79							
30		1				80							
31	1					81							
32	1					82							
33	1					83							
34	1					84							
35	1					85							
36	1					86							
37	1					87							
38	1					88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	6					TOTAL IND.							
TOTAL DEP.	38	↔	16	↔		TOTAL DEP.							
TOTAL CLAIMS	44					TOTAL CLAIMS							